AGENDA: State Collaborative for System of Care
CHAIRPERSONS: Joel Rosch and Pat Solomon

LOCATION: North Carolina Child Advocacy Institute

DATE: October 11, 2002
START TIME: 8:30 a .m.

END TIME: 10:30 a.m.

NAME	PRESENT	NAME	PRESENT	NAME	PRESENT
Al Deitch, DOA-YA&I		Joann Haggerty, CAI	X	Stephanie Nantz, GCC	
Austin Connors, CFSA-NC		JoAnn Lamm, DSS		Steve Shore, NCPS	
Beth Melcher, NCAMI		Joel Rosch, CCFP	Х	Susan Coleman, WCH	
Beverly Hester, WCH	Х	John R. Hayes, F.United		Susan Robinson, DMH- CF	
Brad Trotter, DHOH- DMH		John Tote, MHA		Susan Whitten, DJJDP	
Carol Duncan-Clayton, CCP		Kirstin Frescoln, AOC	Х	Tara Larson, DMH/DD/SA	
Carol Robertson, DMA		Lana Dial, AOC		William Hussey, MHPC	
Carol Tant, WCHS		Larry Hayes, DJJDP			
Marie Britt, DMA	Х	Lee Lewis, DMH-SA	Х		
Cheryl Waller, CSHS		Linda Gunn-Jones, DMH		OTHERS:	
Chuck Harris, DSS		Linda Swann, NAMI		Alicia Graham	
Connie Hawkins, ECAC		Lynda Richard, DMH-DD		Antonio Coors	
David Horowitz, TPC		Mark Ezzell, GCC		Barbara Thomas, DMH	
Diann Irwin, DPI	Х	Mark O'Donnell, DMH/CF		Joy Gossett, DSS	
Don Herring, DMH-CFS		Martin Pharr, DJJDP		Dr. Richard Visingardi	
Donn Hargrove, DJJDP		Michael Owens, NCCCP	Х	Miriam Saxon AOC	
Elizabeth Brown, DMH		Michael Schweitzer, DJJDP		Karen Taylor-George DOC	
Jan Hood, AOC		Michelle Zechmann, GCC		Al Singer, NCCAI and Durham Child Adv.	Х
Jane Volland, GAL		Pat Solomon, F.United	Х	Tina Howard, Gov. Crime Comm.	Х
Jennifer Mahan, MHANC	Х	Robin Huffman, NCPA			
Jennifer Sullivan, NASW		Sally Cameron, NCPA			
Judy Ritchie, MHA		Sandra Sink, DSS	Х		
		Stephanie Alexander, DMH	Х		

TOPIC	DISCUSSION/FINDINGS	ACTION by Whom and When
(1) Welcome & Introductions (2) Approval of Minutes (3) Positive Behavioral	Joel Rosch opened the meeting and welcomed participants. Review of minutes deferred. Sandra Sink provided copies of a new publication by Anne Dellinger, Social Services for Pregnant and Parenting Adolescents: A Legal Guide. Additional copies may be obtained by contacting David Atkinson at DSS or Anne Dellinger at Institute of Government. Diane Irwin and others from DPI recently attended a	A request for volunteers for
Supports	forum on PBS in Chicago, where information was presented on how to move forward with a blueprint for a statewide PBS program. She and her staff will be working on this, and she needs an interagency group to provide input, review, seek funding sources, etc. Consensus is to form a sub-committee of the State Collaborative to work on PBS issues, including how youth are assessed for various levels of service, crossagency training, involving parents, funding. Suggestion was made that a fact sheet on PBS in the context of systems of care be developed in the future.	PBS sub-committee will be sent with these minutes. 2. Information about PBS is available at www. dhhs.state.nc.us/mhddsas/ 3. childandfamily/index.htm and www.pbis.org

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	Kirstin Frescoln described a similar use of the State Collaborative as an interagency resource. She works with a state drug court advisory committee that also serves as an umbrella group for juvenile and family courts. When additional interagency input is needed, Kirsten brings issues to the State Collaborative.	
 (4) State Plan Update Regional capacity building plans re: crisis units Future of regional collaboratives 	An update on the Consumer and Customer Service position can be found at the following web address: www.dhhs.state.nc.us/mhddsas/ stateplanimplementation/index.html Crisis stabilization: Stephanie Alexander provided a report developed by a group chaired by Joan DeBryun on community based crisis stabilization (see attachment). This group researched the work of a	Crisis stabilization report: 1. A copy of the report, Expansion of Community Based Services for Children with Montal Illness, will be
	Kentucky group. The crisis beds described in this report don't fit a service definition. However, Medicaid could be billed for services once a youth is in a crisis bed. The average length of stay in the Ky. Program is 8.5 days. Sandra Sink pointed out that strong policies will be needed in order to keep youth from being "dumped" in these facilities. The report proposes 48 non-medical crisis beds and requests \$20,000 - \$40,000 in state funds to administer the program. The report is scheduled to be presented to the MH/DD/SAS Executive Leadership Team.	with Mental Illness, will be attached to these minutes. 2. Questions about the report can be emailed to Stephanie Alexander.
	Regional collaboratives: Lack of travel funds has impacted ability of regional collaboratives to meet. Conference calls may have to replace face to face meetings. Regional collaboratives have facilitated communication among various agency regional representatives, and this will continue. Reference was made to the letter send last April or May to regional collaboratives defining roles.	Regional collaboratives: 1. Letter can be sent from State Collaborative along with the Local MOA template in support of continued role of regional collaboratives. Local collaboratives:
	Local collaboratives: Kirstin Frescoln stated that feedback last week from Family Court Administrators indicates that some feel actively excluded from local collaboratives. The request is that Kirsten find out where this is happening so that a joint memo can be sent from MH Child and Family Services and Administrative Office of the Courts emphasizing that the local collaborative must be open to all partners.	Kirsten will identify locations where family court administrators are being excluded from local collaboratives. Joint memo from MH C&F and AOC will be sent to these Area Mental Health Programs.
(5) Final Legislative Report	Group home bill (S.B. 163) passed without a cap on group homes. All other funding sources must be exhausted before going to local community for funding. Tracking mechanism is included. Area MH programs will monitor programmatic/clinical aspects of group homes. If a home receives a revocation, penalty or provisional license, they (includes their affiliates) can't re-apply for 5 years.	
(6) Report from Local MOA Committee	Special provision (CTSP) passed as part of budget bill. Stephanie Alexander reported that the Local MOA committee has met twice. First meeting focused on state MOA. Final decision is not to recommend any changes in current state MOA and to request that it resigned for this fiscal year. Substantial work has already been done on the local MOA template. Stephanie is incorporating points from the previous MOA between	Draft of local MOA will be presented to the State Collaborative on Oct. 25 for review and approval.

	AMH and DJJDP and will add input from DSS and	
	DJJDP.	
(7) Changes in State DSS Structure	Concern was expressed about a recent decision to eliminate Chuck Harris' position as Chief of the Child and Family Section of DSS. The report is that the decision was made to eliminate a section chief in DSS and that the choice was made based on seniority. A number of national funding sources have invested in child welfare initiatives in NC. Will these continue without strong leadership in child welfare in NC? Also, Multiple Response System pilots have just been initiated, with the hope that this system will be expanded statewide. A Covenant for NC's Children group will meet later today to address this issue.	A sub-group of Covenant for NC's Children is meeting on 10/11/02 to address this issue. Pat Solomon will inform families about the issue.
(8) Mecklenburg's	Kirstin Frescoln reported on Mecklenburg's First	
FIRST program	(Families in Recovery Stay Together) program. This multi-agency program, which provides assessment, case management and residential SA treatment, is funded by 2 large grants from Governor's Crime Commission. A kick-off event will be held at Hope Haven in Charlotte on Nov. 12 and will feature Kathleen West, an epidemiologist from the World Health Organization who specializes in intergeneration issues related to SA and violence. All child abuse/neglect cases that come to the court will be screened for domestic violence, SA and MH issues. Those who screen positive will receive assessment and treatment. All who need treatment will receive court follow-up to assure that the parent comes to treatment and has a clean urine screen. If either of these requirements isn't met, the client will return to court and may receive intensive case management, requiring return to court every 2 weeks. Expectation is that 150 cases will be involved in the first level of treatment and 50 in the more intense level. The program intent is to honor system of care and child and family teams and training on this model is being provided. FIRST is being viewed as a national pilot by the National Council of Juvenile and Family Court Judges.	
(9) Collaborative	Training: Michael Owens presented the following	
Standing Committee Updates	recommendations from the Training Committee: 1) State Collaborative serve as review body for	
Assessment	training plans related to system of care; 2) Learn from areas that are doing things that work, e.g. Guilford, Buncombe 3) Send SOC information to consumer and advisory	
Training	councils	
	4) Try to learn from Early Intervention about	
Evaluation	 interagency collaboration invite EI participation in the State Collaborative Connect with Association of County Commissioners and provide education about system of care 	
	Evaluation: Joann Haggerty reported that the Evaluation Committee has met a number of times. Information provided by Adolph Simmons from DSS regarding data has been very helpful. The committee will present a report to the Collaborative soon.	

	Assessment: Joel Rosch reported that the Assessment Committee continues to add to the grid of assessments done by various agencies. The past two meetings have focused on schools.	
(10) Other Business		
(11) Next Meeting	Friday, October 25, 2002 at the Governor's Crime Commission, 2 nd floor conference room.	